
State:	District of Columbia	Filing Company:	American Family Life Assurance Company of Columbus
TOI/Sub-TOI:	MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other		
Product Name:	MedSupp Duplication of Coverage Report		
Project Name/Number:	DC MedSupp Duplication of Coverage Report/		

Filing at a Glance

Company:	American Family Life Assurance Company of Columbus
Product Name:	MedSupp Duplication of Coverage Report
State:	District of Columbia
TOI:	MS06 Medicare Supplement - Other
Sub-TOI:	MS06.000 Medicare Supplement - Other
Filing Type:	Form
Date Submitted:	02/11/2020
SERFF Tr Num:	AFLA-132257310
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Lucinda Harper, Shakela Richardson, Charisse White, Tony Henderson
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia **Filing Company:** American Family Life Assurance Company of Columbus

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General Information

Project Name: DC MedSupp Duplication of Coverage Report Status of Filing in Domicile:

Project Number: Date Approved in Domicile:

Requested Filing Mode: Informational Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 02/12/2020

Deemer Date: State Status Changed:

Submitted By: Lucinda Harper Created By: Lucinda Harper

Corresponding Filing Tracking Number:

Filing Description:

MedSupp Duplication of Coverage Report

Company and Contact

Filing Contact Information

Lucinda Harper, DOI Complaints and Reporting lharper@aflac.com

1932 Wynnton Road 803-461-4430 [Phone]

Columbus, GA 31999

Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska

1932 Wynnton Road Group Code: 370 Company Type: Life and Health

Columbus, GA 31999 Group Name: State ID Number:

(706) 323-3431 ext. [Phone] FEIN Number: 82-2723296

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	AFLA-132257310	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	American Family Life Assurance Company of Columbus
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Supporting Document Schedules

Satisfied - Item:	DC MS report cover letter
Comments:	
Attachment(s):	DC MS report cover letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DC MedSupp Duplication of Coverage Report
Comments:	
Attachment(s):	DC DupMedSuppForm.pdf
Item Status:	
Status Date:	



February 11, 2020

District of Columbia Department of Insurance
1050 First Street, NE, 801
Washington, DC 20002

ATTN: Colin Johnson

RE: DC Medicare Supplement Multiple Policies Annual Report
American Family Life Assurance Company of Columbus
NAIC # 60380

Dear Mr. Johnson,

The purpose of this filing is to satisfy the requirement to report the number of residents of DC who have in force more than one Medicare supplement policy or certificate.

No residents of DC have more than one Medicare Supplement policy in force.

Please find the Multiple Medicare Supplement Report for reporting year 2019 for American Family Life Assurance Company of Columbus (Aflac), NAIC #60380 attached in the supporting documentation section of the SERFF filing.

Please contact me should you have any questions or need further information via email at AnnualReporting@aflac.com or directly LHarper@aflac.com or by phone 803-461-4430. In my absence, please contact my manager, Tony Henderson at thenderson@aflac.com or phone 706-317-2868.

Sincerely,

Lucinda Harper
Compliance Analyst III

DISTRICT of COLUMBIA

For the reporting year 2019

**FORM FOR REPORTING MULTIPLE
MEDICARE SUPPLEMENT POLICIES**

COMPANY NAME: American Family Life Assurance Company of Columbus (AFLAC)

ADDRESS: 1932 Wynnton Road
Columbus, GA 31999

NAIC #: 60380

PHONE NUMBER: 706-317-2868

DUE: March 1, Annually

THE PURPOSE OF THIS FORM IS TO REPORT THE FOLLOWING INFORMATION ON EACH RESIDENT OF THIS STATE WHO HAS IN FORCE MORE THAN ONE MEDICARE SUPPLEMENT POLICY OR CERTIFICATE. THE INFORMATION IS TO BE GROUPED BY INDIVIDUAL POLICYHOLDER.

POLICY AND CERTIFICATE #

DATE OF ISSUANCE

NONE	



SIGNATURE

Tony Henderson, Manager, DOI Complaints & Reporting
NAME AND TITLE (PLEASE TYPE)

February 5, 2020

DATE